



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	4522/8	
	<b>First Named Inventor</b>	Jack Lau et al.	
	<b>COMPLETE IF KNOWN</b>		
	<b>Application Number</b>	09 / 686,574	
	<b>Filing Date</b>	October 11, 2000	
	<b>Group Art Unit</b>	2644	
<input type="checkbox"/> Declaration Submitted with Initial Filing (unsigned)	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Examiner Name</b>	Not yet assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIGITAL MULTIMEDIA JUKEBOX

the specification of which  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) 10/11/2000 as United States Application Number or PCT International Application Number 09/686,574 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/158,809	10/12/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Frank J. DeRosa	26,543	Ralph F. Hoppin	38,494
Seth H. Ostrow	37,410	Matthew J. Marquardt	40,997
Jonathan T. Kaplan	38,935	Louis J. Greco	41,799
Pamela G. Maher	40,712	Katrine A. Levin	41,941

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

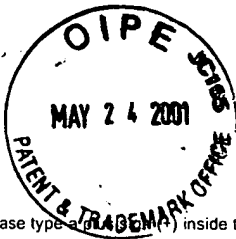
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Frank J. DeRosa				
Address	Brown Raysman Millstein Felder & Steiner LLP				
Address	120 West 45th Street				
City	New York	State	NY	ZIP	10036
Country	USA	Telephone	(212) 944-1515	Fax	(212) 840-2429

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jack		LAU	
Inventor's Signature	Date		17 May 01
Residence: City	Hong Kong	State	
		Country	Hong Kong, SAR China
		Citizenship	USA
Post Office Address	Flat C2, 33/F, Imperial Court, 62G Conduit Road, Mid-Levels		
Post Office Address			
City	Hong Kong	State	
		ZIP	
		Country	Hong Kong, SAR, China

☐ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type a (+) inside this box → ☐

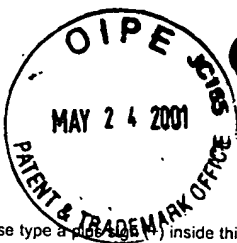
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Chi Ying		TSUI			
Inventor's Signature				Date	17 May '01
Residence: City	Hong Kong	State		Country	Hong Kong, SAR, China
Post Office Address	Room 816, UG Hall 1				
Post Office Address	Hong Kong University of Science and Technology, Clear Water Bay				
City	Hong Kong	State		ZIP	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Roger Shu Kwan		CHENG			
Inventor's Signature				Date	18 May '01
Residence: City	Hong Kong	State		Country	Hong Kong, SAR, China
Post Office Address	2/F, Flat H, Tower 2, Nan Fung Plaza, Tseung Kwan O				
Post Office Address					
City	Hong Kong	State		ZIP	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Chi Wai		YUNG			
Inventor's Signature				Date	17 May '01
Residence: City		State		Country	Hong Kong, SAR, China
Post Office Address	10F, 2B, Nassau Street, Mei Foo Sun Chuen, Kowloon				
Post Office Address					
City	Hong Kong	State		ZIP	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

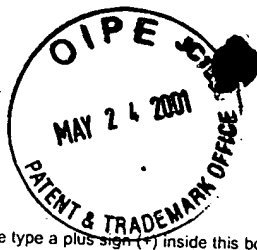
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Jimmy Tai Kwan		TANG			
Inventor's Signature				Date	8 May '01
Residence: City	Hong Kong	State		Country	Hong Kong, SAR, China
Post Office Address	M1606, Kornhill, Quarry Bay				
Post Office Address					
City	Hong Kong	State		ZIP	
				Country	Hong Kong, SAR, China
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Kin Ping		NG			
Inventor's Signature				Date	8 May '01
Residence: City	Hong Kong	State		Country	Hong Kong, SAR, China
Post Office Address	Room 2, 5/F, Hiu Kwong Court, 32 Hiu Kwong Street, Kwun Tong, Kowloon				
Post Office Address					
City	Hong Kong	State		ZIP	
				Country	Hong Kong, SAR, China
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Sai Kit		LAI			
Inventor's Signature				Date	8 May '01
Residence: City		State		Country	Hong Kong, SAR, China
Post Office Address	Room 2405, Sau Shan House, Cheung Shan Estate, Tsuen Wan, N. T., Hong Kong				
Post Office Address					
City	Hong Kong	State		ZIP	
				Country	Hong Kong, SAR, China

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Kai Kin		CHAN			
Inventor's Signature				Date	1 May '01
Residence: City	Hong Kong	State		Country	Hong Kong, SAR, China
Post Office Address	Room 2012, Hang Yee House, Cheung Hang Estate, Tsing Yi, N. T., Hong Kong				
Post Office Address					
City	Hong Kong	State		ZIP	
				Country	Hong Kong, SAR, China
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Wing Chau		CHAN			
Inventor's Signature				Date	1 May '01
Residence: City	Hong Kong	State		Country	Hong Kong, SAR, China
Post Office Address	Room 915, Yung Shue House, Lei Muk Shue Estate, Kwai Chung, N. T., Hong Kong				
Post Office Address					
City	Hong Kong	State		ZIP	
				Country	Hong Kong, SAR, China
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	
				Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

